

## INDIAN ACADEMY OF MEDICAL GENETICS (Administered

by society registered under the Societies Act XXI of 1860)

## **Application for the SIAMG-Genzyme Prenatal Genetics Fellowship**

1.	Full Name:	Il Name:				
2.	Age/ Gender:				Stick	
3.	Qualifications:				passport size	
4.	Medical council registration number:				photograph	
5.	Present designation:					
6.	Complete address:					
7.	Contact number(s):					
8.	Email id:					
9.	Educational qualifications (starting with graduation):					
	Degree	College/ University	Year of passing		wards/ distinctions/ onours	
10	.Professional e	xperience (in the chronsition):	ologically descending	g o	rder beginning with	
	Designation	Hospital/ Institute	Duration		pecial experience/ onours if any	
11	. Additional aca	demic achievements/ p	rofessional activities	<u>                                       </u>		



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12. List of publications (beginning with the most recent publication, list all publications with the complete reference):			
13. Mention briefly (in not more than 250 words) your reasons for applying for this fellowship and how you think it would help you in your medical practice:			
Signature of the applicant			



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#### Instructions:

- i. The applicant must have a basic medical qualification recognized by the Medical Council of India (i.e. MBBS or an equivalent degree) and a MD/MS in Obstetrics & Gynecology or MD Radiology or equivalent degree recognized by the Medical Council of India with certification in fetal medicine or at least 6 months experience in advanced fetal imaging.
- ii. A self-attested photocopy of each degree/ fellowship/ training program mentioned in the form (graduation, postgraduation, etc.) and of the medical registration certificate (should be sent along with the application form.
- iii. The decision as to whether an applicant qualifies for the SIAMG- Genzyme fellowship rests solely with the panel of expert reviewers constituted for the purpose.
- iv. The application form may be sent by ordinary/ registered post or courier to the address mentioned below or it may be sent as an attachment to the email id indicated below. In case the application is sent through email, scanned copies of all the necessary documents (pertaining to qualifications) signed by the applicant have to be sent as additional attachments.

### Mailing details:

Duly filled application forms to be sent by ordinary/ registered post or courier to:

Dr Ashwin Dalal Head, Diagnostics Division Centre for DNA Fingerprinting and Diagnostics Inner Ring Road, Uppal Hyderabad Telangana 500039

The application form can also be sent by email, with scanned copies of the necessary documents to: <a href="mailto:info@iamg.in">info@iamg.in</a>

For more details refer to the website: www.iamg.in or write to info@iamg.in